

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

199
796

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

or Village

City

Miami

No.

822 Live Oak

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Aureliana Bustamantes

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

female

In event of plural
births.

5. No., in order of birth

yes

August 22 - 1926

8.

FATHER

Full name

Alberto Bustamantes

14.

MOTHER

Full maiden name

Maria Bustamantes

9. Residence

822 Live Oak st
(Usual place of abode)

15. Residence

822 Live Oak st
(Usual place of abode)

If non-resident, give place and state.

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10. Color or race

Mexican

11. Age at last birthday

31

(Years)

16. Color or race

Mexican

17. Age at last birthday

24

(Years)

12. Birthplace (city or place)

San Andres

(State or country)

Chihuahua Mex

18. Birthplace (city or place)

Mitsolf

(State or country)

Ariz

13. Occupation

Nature of Industry

Miner

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

Two

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Alive
(Born alive or stillborn.)

at 8 - a.m. on the date above stated

Signature

Rosa Cortez

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address

Filed

Aug 31, 1926

L E J. Jr.

Registrar

Registrar

122-822-422